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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 14133US02	
		First Inventor Prasad Boppana	
		Title Method And System For Sales Process Configuration	
		Express Mail Label No. EV 303831181 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Washington, DC 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 31] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5]		ACCOMPANYING APPLICATION PARTS	
5. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:			
Prior application information: Examiner: Group/Art Unit:			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. CORRESPONDENCE ADDRESS			
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		Date: 11/18/03	

 22154 U.S. PTO
 10/716289




16310 U.S. PTO

PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.		Completeness		
		Application Number	Unassigned	
		Filing Date	Herewith	
		First Named Inventor	Prasad Boppana	
		Examiner Name	Unassigned	
		Group Art Unit	Unassigned	
TOTAL AMOUNT OF PAYMENT		(\$968.00)	Attorney Docket No.	14133US02

METHOD OF PAYMENT		FEE CALCULATION (continued)					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES					
Deposit Account Number	13-0017	Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
Deposit Account Name	McAndrews Held & Malloy	1051	130	2051	65	Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		1053	130	1053	130	Non-English specification	
FEE CALCULATION		1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1. BASIC FILING FEE		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid		
1001	770	2001	385	Utility filing Fee	770.00		
1002	340	2002	170	Design filing Fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)					(\$770.00)		
2. EXTRA CLAIM FEES							
Total Claims	31 - 20** =	Extra Claims	11 x	Fee from below	18.00 =	Fee Paid	198.00
Independent Claims	3 - 3** =	0 x					
Multiple Dependent							
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid		
1202	18	2202	18	Claims in excess of 20			
1201	86	2201	86	Independent claims in excess of 3			
1203	290	2203	290	Multiple dependent claim, if not paid			
1204	86	2204	86	**Reissue independent claims over original patent			
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)					(\$198.00)		
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$)		

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Christopher C. Winslade	Registration No. (Attorney or Agent)	36,308	Telephone	(312) 775-8000
Signature		Date	11/18/03		

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